

R.I. Local Form 1007-1.2  
(Rev. 7/1/15)

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF RHODE ISLAND

In re: *Sandra A Sanchez* :  
Debtor(s) : BK No.  
: Chapter 7  
\* :  
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**CERTIFICATION BY PRO SE DEBTOR**

On 11-14-2019, a voluntary bankruptcy petition was filed by the undersigned, appearing pro se and without legal counsel. Certification is hereby made that:

**CHECK EITHER ITEM 1 OR 2 ONLY. IF ITEM 2 IS SELECTED, PROVIDE NAME AND ADDRESS OF ASSISTANCE PROVIDER:**

(1)  No persons and/or entities, other than myself/us, assisted in the preparation, typing, and/or completion of said petition and/or related schedules;

(2)  the following persons and/or entities constitute the only persons/entities who assisted in the preparation, typing, and/or completion of said petition and all related schedules, and represent the only sums paid by me/us for these services:

NAME AND ADDRESS OF ASSISTANCE PROVIDER	TOTAL AMOUNT PAID
<u>Maurice Williams</u>	<u>\$0</u>

I hereby certify under penalty of perjury that the above information is true and accurate to the best of my knowledge. I am aware that the providing of false or incomplete information may result in the denial of discharge in bankruptcy and/or other sanctions.

11-14-2019  
DATE

*Sandra A Sanchez*  
SIGNATURE  
Phone number (401) 247-1267

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REGULAR MAIL?**

*See reverse side for information about this new electronic noticing service available to debtors.*